

CONGRESSMAN ADAM B. SCHIFF
CONGRESSIONAL CASEWORK AUTHORIZATION FORM
Under the provisions of the privacy act of 1974



Please Type or Print Only

Name: Mr. Mrs. Ms. _____

Current Residential Address: City: _____ Zip: _____

Email Address: _____

Telephone: (Home) (Work) _____

Social Security Number: Date of Birth _____

Federal Agency Involved: _____

I request the assistance of Congressman Adam B. Schiff in the following federal matter:
(Please provide a brief explanation of your problem and attach photocopies of documents relevant to this case. Use additional paper as necessary.)

Please answer the following questions:

Have you previously contacted our office regarding this matter?	Yes	No
Have you appealed the agency decision on this matter?	Yes	No
Are you represented by an attorney in this matter?	Yes	No
If so, may we discuss your case with your attorney?	Yes	No

Congressman Schiff and his staff may discuss my case with the following individuals:

I authorize Congressman Adam B. Schiff and his staff to act on my behalf to transmit and/or receive information pertinent to my request for assistance. Also, I understand that I am not required to make payment, in any form, for services rendered to me from the Office of Rep. Adam Schiff.

Signed: _____ Date: _____

Please print and return this form to:

Congressman Adam B. Schiff
35 S. Raymond Ave., Suite 205
Pasadena, CA 91105
or fax to (626) 304-0572